


64TH CONFERENCE ON EXCEPTIONAL CHILDREN

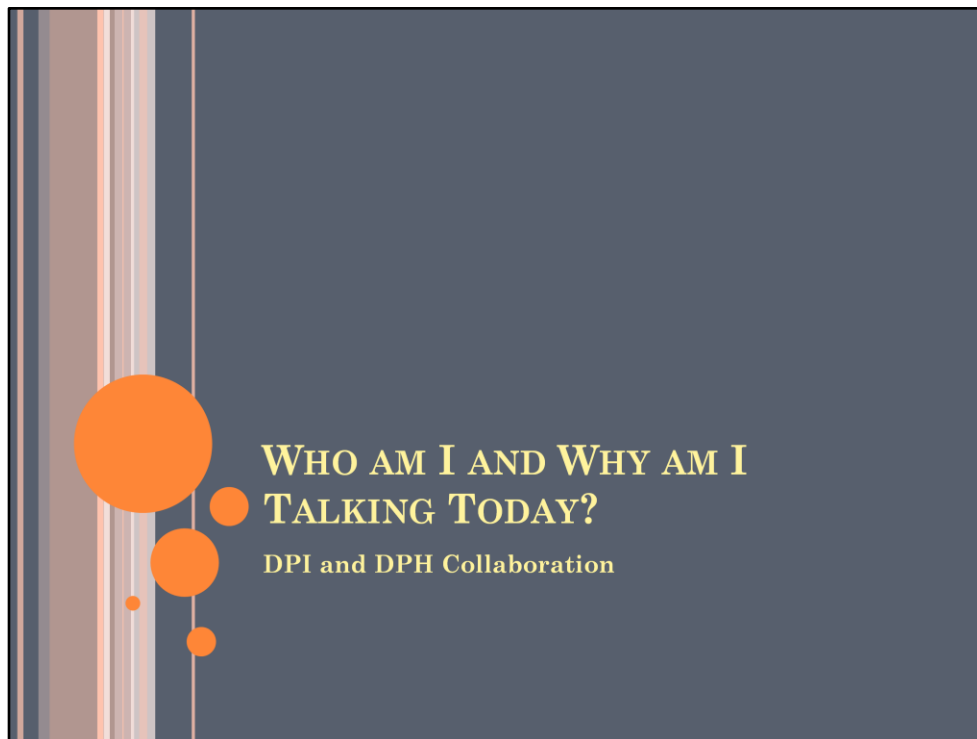
WORKING TOGETHER TO ACHIEVE STUDENT SUCCESS

IEPS AND RELATED SERVICES – WHERE IS THE SCHOOL NURSE?

Ann O. Nichols RN, MSN, NCSN
State School Health Nurse Consultant
North Carolina Division of Public Health




This session will provide an opportunity to review the current status of nursing as a related service in NC Exceptional Children's programs and provide information for consideration in changing that status.



Overview of DPI and DPH support for clinical health services. DPH provides the consultation, technical assistance and program support for clinical health services in schools.

HEALTH IS CRITICAL TO SCHOOL SUCCESS

- Success in the classroom, in the community, and on the job requires that young people are healthy.
 - Young people with life-long health challenges need to learn early how to maintain and sustain health and wellness – and to participate in their health care decisions.
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I think there are obvious ways that education and health care come together in working with students. One is around the normally healthy student, the bulk of the population. Healthy people make the good future citizens and workers. The other student group is the growing portion of our communities that have some form of chronic illness or health challenges. These people are also future citizens and workers and they are people who have their own level of optimal wellness. Helping these students grow into self care and well managed disease control is also the goal. Both education and health care seek to help students grow to their optimal potential.

MAY 2014 SCHOOL NURSE/IEP SURVEY

- 65% of NC school nurses reported
- 3% of reporting SNs are regular IEP team members
- 6% of reporting SNs have advance access to students discussed
- 2013 – 2014 SY
of LEAs making Medicaid reimbursement requests for SN services:
3

Why does this matter?

Review of motivating factors in discussing topic. Over my time as a school health nurse consultant it has seemed that there might be a bit of a disconnect between related services and IEPs when it comes to the school nurse. I will be presenting some supporting data as we talk this morning. In order to confirm these observations the School Health Unit of NC DPH completed a survey of all LEA school nurses asking questions about their engagement with the local EC program and IEPs. 65% of the 1212 school nurse FTEs responded. And their response tones indicated that this is also an area of concern for them. It was the end of the school year so we made the survey simple and to-the-point. Other than demographics the nurses were asked: Do you participate in the development of Individual Education Program plans (IEP) in your assigned school(s)?

If yes, what is your role related to IEPs

- Regular IEP Team member attending all meetings
- Attend IEP Team meetings only for students with healthcare needs

If you attend for students with healthcare needs how is that attendance determined?

- I review the student list and decide when to attend
- Someone else lets me know when to attend (EC Director, Chair, Teacher, etc.)

Do you feel welcome at IEP meetings?

- yes
- no

If no, why do you not participate in the development of IEPs?

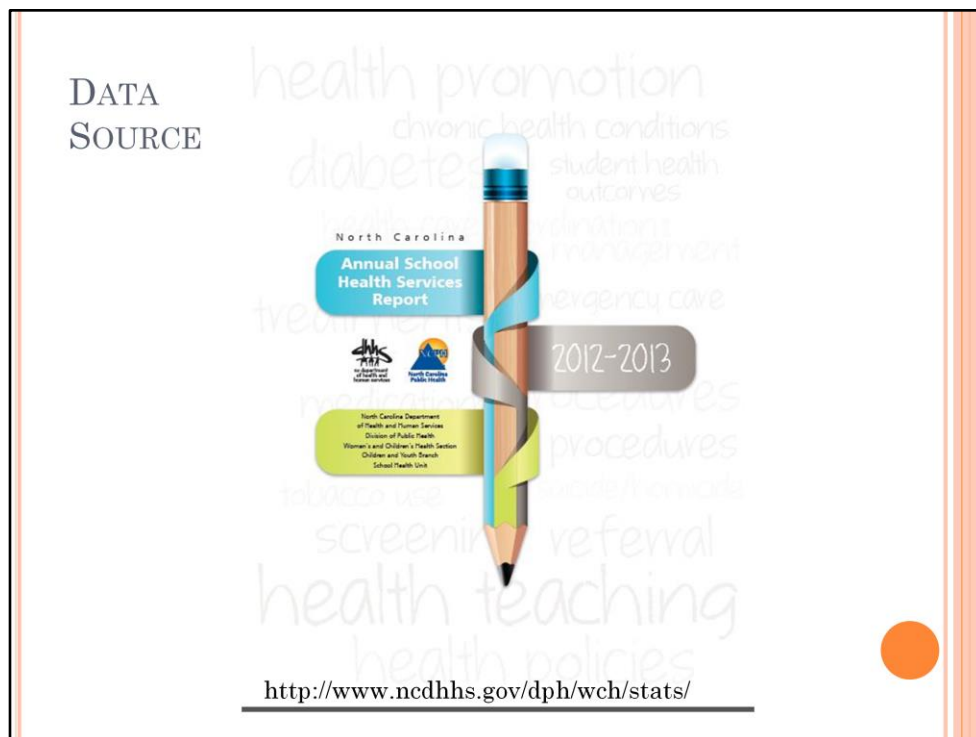
- No one has asked or invited me
- I don't understand the process
- We have no special education students with healthcare needs
- Staff has been resistant to my participation
- I don't know
- Other, please list _____



Let's look at
some data
about our
students and
various health
conditions.



Intro to CYSHCN – some of our numbers in school are startling – and this is reflected across the nation



Description of Annual School Health Services Reporting –

Each year every school health program in NC is surveyed regarding nursing services provided in schools and about nursing staff providing that service. This survey is the envy of all other states. We are in our 18th year of 100% participation, and it is voluntary. Anyone interested in knowing about school nurses in NC, about the services they provide, and about the health challenges of our students can go to this report at this web address. Past years of reports are also stored there.

STUDENTS

Population	Percent Population	Students
Students with chronic health conditions	19%	271,183
Students served by EC Program	13.7%	197,384*

* <http://ec.ncpublicschools.gov/reports-data/child-count/reports/april-1>

Clinical school health services and EC student needs probably greatly overlap. Who knows that approximate number of students in NC public schools? The first row here is the students in that population that are known to have chronic disease issues of some sort. That might be diabetes, a seizure disorder, life threatening allergy, a chromosomal birth defect, etc. Students are only reported in this survey who have a known problem for which some type of action is being taken at school: educating staff, giving a medication, doing a procedure, etc. A history alone does not place a student on this survey. Nationally about 20% of children are dealing with chronic conditions at any given point. As you can see NC is right there.

The second row came from data on the DPI web site for students served by the EC program. That April 1 number was almost 14%. Of course not all of those children also have a chronic health condition – but research shows that the vast majority of them do. So we are serving a large proportion of the same population in nursing and in special education.

ORDERS FOR STUDENT HEALTH CARE PROCEDURES

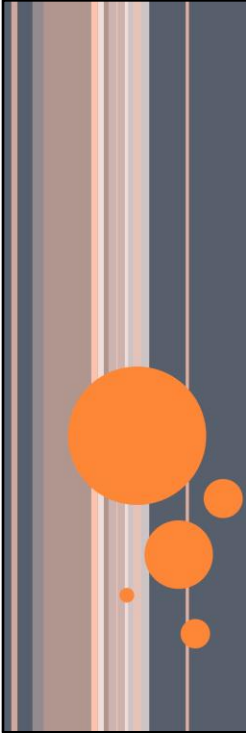
Procedure	2011-12	2012-13
○ Diastat	1,807	2,136
○ Glucagon	2,521	2,629
○ Nebulizer	1,901	1,580
○ Shunt care	132	157
○ Tracheostomy care	110	111
○ Tube feeding	607	717
○ Central Venous Line	39	36

These are some of the procedures that your students currently have. One of these things demonstrated in this slide is the growth from one school year to the next. Things that decline usually do so because there is another way to provide the same need with health care advances. For example – nebulizers are the machine used in young children to give asthma medication. However, improved in metered dose inhalers and the use of spacers allow the use of fewer nebulizers.

STUDENT HEALTH CONDITIONS WITH HEALTH CARE PLANS

Condition	2012-13	
	# Students	# Plans
○ Asthma	112,123	2,136
○ Severe Allergies	41,063	22,552
○ ADD/ADHD	75,134	7,167
○ Seizure Disorder	9,776	6,145
○ Diabetes, Type 1	3,824	3,550

Nursing care is driven by the nursing process which leads to the development of the nursing care plan. Not every student has a formal written nursing care plan. It depends on the complexity of the student's needs and the level of care provided by the nurse. But students seen regularly, with issues that change over time and require regular intervention should have a nursing care plan. How is a nursing care plan related to what you might see as an educator or EC Director? In the education setting, where school staff care for students also, some pieces of what a nurse does need to be pulled together and written as a plan that can be used and understood by a person without a healthcare license. That piece that is pulled together is an Individual Health Care Plan, IHP. If a student only has an emergency problem that requires not other regular routine care then their plan may be an Emergency Action Plan, EAP. So IHPs should be somewhat familiar to most – and those are derived, and a part of, a nursing care plan. If a school has no school nurse they may still have an IHP from another health care provider, like the student's doctor.



WHAT IS THE OVERLAP BETWEEN THE STUDENTS WITH HEALTH NEEDS AND THE STUDENTS WITH EDUCATIONAL NEEDS?

So now you have a little background information on the large number of students in your programs with health problems, who are also the students of school nurses. Think about the overlap that you may have locally. I think one of the things that makes it difficult to think about the possible need to include your school nurse as a related service is the fact that the school nurse is there whether they are serving EC students or not. In other words – other related service providers such as PT, ST, OT are basically there for the needs of the EC population. School nurses serve the entire school population and numbers are not dependent on EC needs for nursing. School nurses basically provide free primary care that is being paid by education dollars, and that is being discussed at the national level.

WHO IS PAYING FOR THESE CLINICAL HEALTH SERVICES IN SCHOOLS?

- Local tax revenue, through property taxes allocated to the local school and local health department;
- N.C. General Assembly appropriations, such as through distributions from the Department of Public Instruction and Division of Public Health;
- Federal reimbursement, including approved Medicaid expense reimbursements or federal Title V grants and categorical funds;
- Hospitals, through funding of local positions or programs;
- Health care organizations and private foundations.

Overview of current funding sources for school health – lets take a quick look at who pays the bill for nursing services in schools. For the most part, local tax revenue that creates local allocation and NC GA distributions through DPI are really education dollars, with school nurses being an expense at the local level. The other funding sources listed here are health dollars directed to clinical nursing services, DPH, Federal funds, hospitals and health care organizations. If the services provided by the nurse in schools was provided in another setting it would be a billable service, paid by health care dollars.

WHEN DO NURSING SERVICES OFTEN DRAW FROM THE EC BUDGET?

- Direct provision of services for 1:1, 1:2, etc, care for a student with a high level of need
- Employment of a nurse designated to provide service only to EC population students

Addressing EC budget concerns – one of the things I hear is that EC programs are hesitant to include nursing as a related service on IEPs because they are afraid they will have to then ‘pay’ for that service. These are the ways that nursing care is often a direct draw on an EC budget. The first results when a child has a level of need that cannot be delegated to a school staff person or served in a part time manner by a school nurse, such as a student with a tracheostomy. The second is a system of care set up by some districts so that the nurse that they use is guaranteed to be available to the EC population and also is knowledgeable about the education side of serving those students. Those nurses do not generally serve other school needs. Knowledge of the EC process can be an issue for the local school nurse who comes from health care to this position and has little understanding of the requirements for eligibility and documentation for care given to EC students.

However, for those that otherwise are hesitant to include nursing services I would say 1 - that the presence of an RN in the LEA is a mandated requirement by NC BOE policy – paid through other sources

2 –that the nursing care students are needing, who are also EC students, is being given whether it is included in the IEP or not. But, holistically that student’s needs and program are not being addressing in a coordinated manner, and some interventions may in fact be in conflict

3 – that the lack of inclusion of nursing as a related service for student identified needs also hinders the ability to submit for Medicaid reimbursement of those needs, the only third party reimbursement available to date. Third party reimbursement of

health care services in schools is being looked at on the national level.

WHEN MIGHT MEDICAID REIMBURSE FOR SCHOOL NURSING SERVICES?

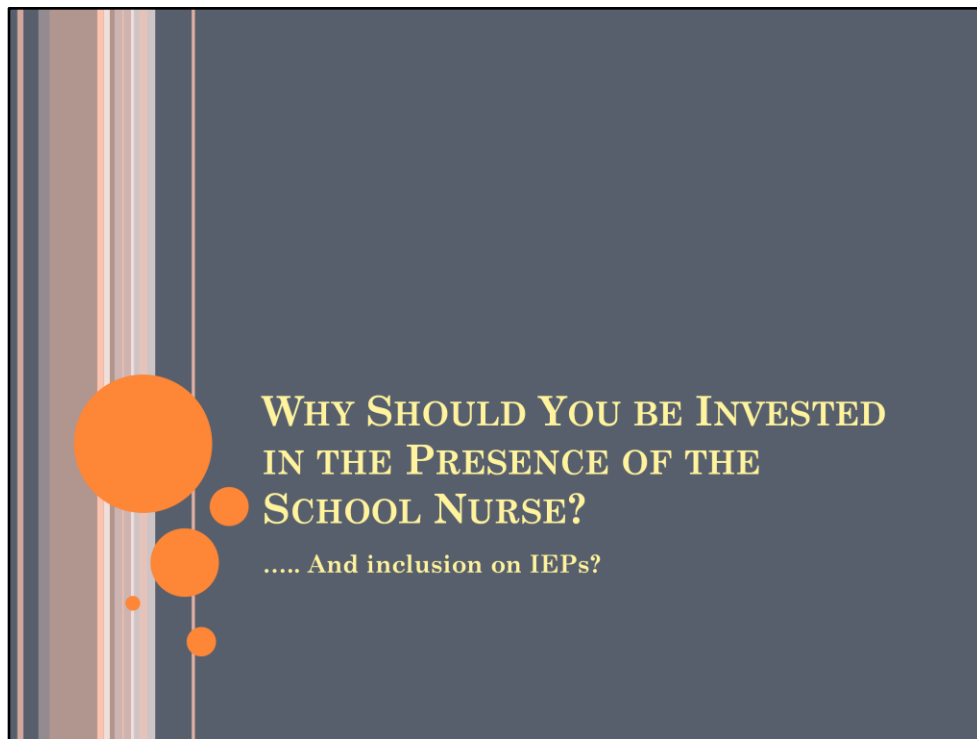
- Services are reimbursed by units of time (15 min increments) and type of service provider (RN, LPN, staff person)
- Student must be Medicaid eligible at time of service
- Student must have an IEP
- Nursing must be included on the IEP as a related service

Let's take a closer look at Medicaid reimbursement for nursing as a related service. These are the key related points – it is a flawed and insufficient system at best, and not nearly as comprehensive as the reimbursement policy for other related services. But it is the system that we have right now. If we are not using the system that we have now there is no ability to speak to the need for expansion or change.

WHEN IS A RELATED HEALTH SERVICE INCLUDED ON AN IEP?

- Each student with a disability must be assessed individually
- A school nurse should be involved from the beginning for students with possible health care needs
- If the child or team requires the specific expertise of a nurse to enable the student to benefit from the IEP then the service is included in the IEP

What is the process in the ideal world? I want to preface this by saying that everyone cannot go back to their LEA tomorrow and say this is what we are doing. This is the beginning of the conversation for some – the start of improved inclusion of school nursing services when it is appropriate. Often you will find that the school nurse already knows the student, has previously assessed the student, and has some sort of plan in place. The way that looks may not fit the requirements for EC program documentation, and the school nurse may not know what you are talking about if you try to engage him/her directly.



I think that we should all be on the same page about student needs. In order to do that student services providers should understand each other's messages and how that impacts the work that they do.


BEYOND THE OBVIOUS ANSWERS

- Best interest of the student
- Requirement compliance



These are the easy answers – but there is more.

“HIDDEN SYSTEM OF HEALTH CARE”

- In North Carolina alone 109,911 health care plans were developed 2012-13.
 - A health care provider at school is often the first, and sometimes the only, access to care for a student with a particular need.
 - Same services provided in a health care setting = fee for service.
- 

Education dollars are paying for health care currently – we should all be more verbal about that when given the opportunity. A free health care system exists in schools that should be acknowledged and moved out of the education budget. The private insurer is benefiting from better controlled blood sugars that result from the daily care and help with self care that their diabetic children receive at school; the local hospital is benefiting from fewer emergency room visits by asthmatic children who are monitored and referred to primary care from school; etc. If these services were provided in a setting other than school they would be able to charge fee for service. That is a joint message.

SCHOOL NURSE = EDUCATOR TIME

Table 1
Average Time Per Employee Spent Daily on Health Issues by Milwaukee Public School Personnel
Rounded to the nearest minute

	Before Hiring a School Nurse (2006–2007)	After Hiring a School Nurse (2007–2008)	Time Returned to School Personnel for Educational Use
Asst./Principals	67	11	56
Teachers	26	6	20
Clerical Staff	63	17	46

Source: Baisch, M. J., et al. 2009. Title I Funded Nursing Services 2006–2008 Program Evaluation. Report to the Milwaukee Public Schools by the University of Wisconsin–Milwaukee College of Nursing, Institute for Urban Health Partnerships.

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Educators get to do their education job when a nurse is present. This slide shows the time returned to various school employees when a nurse was present in a recent study. In the school years listed a comparison was done on time engaged in student health issues before and after hiring a school nurse. The time returned to the school staff person is time per day – so multiply that by the 180 days of school when students are present – principals and assistant principals was almost an hour.

SCHOOL NURSE = TIME AND DOLLARS

Table 4. Annual Cost Associated With Time Saved in Addressing Health Concerns by Having "a Nurse in My School" as Reported by Selected School Staff*

	Salary	Benefits (61%)	Total Annual Salary and Benefits	Salary and Benefits/Hour	Mean Difference in Hours/Day	Added Value/Staff Member/Day	Average Number of Staff/School	Added Value per School/Day After Nurse
Principal/Asst.*	\$76,600	\$46,726	\$123,326	\$59.29	0.94	\$55.73	1.82	\$101.44
Teacher**	\$53,300	\$32,513	\$85,813	\$53.90	0.33	\$17.79	31.59	\$561.92
Clerical**	\$25,900	\$15,799	\$41,699	\$26.19	0.77	\$20.17	1.47	\$29.65

Cumulative value of having "a nurse in my school" = \$133,174.89

*Value of principals and assistant principals were calculated for 199 school days.

**Values of teachers and clerical staff were calculated for 191 school days.

Baisch MJ, Lundeen SP, Murphy MK. Evidence-based research on the value of school nurses in an urban school system. J Sch Health. 2011; 81: 74-80.

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This same study then took that time and did a savings analysis for the associated school staff based on the average pay for these people and the number of days of school. Each day these people were being paid to do the school nursing job for the represented hours – so as an example – the teacher number in the previous slide was per teacher. So teacher time spent on nursing in dollars paid the teachers in the study meant that \$561.92 per day was being spent on health care instead of teaching. When the time saved was translated into the dollars paid the value of having the school nurse added up to \$133,174.89 per school.

SCHOOL NURSE = EDUCATION DOLLARS

Table 3. Base-Case Analysis Results^a

Characteristic	Nurse		Difference
	With	Without	
School nursing services costs, \$			
School nurse salary and fringe benefits	76 902 415	0	76 902 415
Medical equipment and supply costs	2 145 293	0	2 145 293
Parents' productivity loss costs, \$			
Due to early dismissals	14 437 432	34 520 467	20 083 035
Due to giving medications at school	0	8 030 722	8 030 722
Teachers' productivity loss costs due to dealing with students' illness or injury, \$	40 319 125	169 417 864	129 098 738
Procedure costs if performed by physicians and nurses in a medical setting, \$	0	20 009 129	20 009 129
Total costs of school health services, \$			79 047 709
Total benefits, \$			177 221 624
Net benefits, \$			98 173 915
Benefit-cost ratio			2.24


^a All costs were estimated in 2009 US dollars. The difference between the sum of the first two sets of numbers in the last column and the total cost is due to rounding.

Li YanWang, Mary Vernon-Smiley, Mary Ann Gapinski, Marie Desisto, Erin Maughan, Anne Sheetz, Cost Benefit Study of School Nursing Services. *JAMA Pediatr.* doi:10.1001/jamapediatrics.2013.5441
Published online May 19, 2014.

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A similar study was released in the Spring by JAMA Pediatrics, which is a very prestigious journal. This study used data collected over many years in Massachusetts for cost of nursing in their schools – they employ one nurse per school across the state. The CDC did this study on their data and determined the dollar value that exists when funds are spent on a school nurse – what return does the community get when a school nurse is present in the school every day? This took into account things like cost of the services, parental productivity lost at work when they have to come for students that don't really need to leave school, teacher productivity, etc. The value determined was that for every dollar spent on nursing \$2.24 was saved in these areas.

That is a joint message – all school staff benefit when a school nurse is present every day



IDEA 2004 Statute §602(26)(A);
IDEA 2004 Federal Regulations §300.34;
and North Carolina *Policies* 1500-2.28
define related services, including school
nursing services.

What is the
North Carolina
EC program
process for
inclusion of
nursing services?



Leaving that common message – lets do an overview of use of school nurse in IEP process. Remember that change in inclusion of nursing as a related service is a learning process for both you, and for the local school nurse. The slide provides the supporting policy reference which I feel you all already know much better than I do.

AS A RELATED SERVICE TO STUDENT GOALS (DEC 4)

- When school nurse services are identified as a related service, the nurse:
 - Collaborates with IEP Team to write academic and/or functional goal(s) that require(s) school nurse services to increase student's independence or develop student's skills for self care, health management, etc.
 - Integrates school nurse services into the student goal(s)
 - Addresses goals requiring specified time, frequency and location to be documented in the IEP
 - Writes progress reports for parents and the EC file (according to scheduled reporting periods by LEA) on goals necessitating school nurse services

After an assessment of need, and an IEP student discussion, nursing may be identified as a legitimate related service for a particular student. To get to this point the nurse needs to know in advance that the student is being evaluated for eligibility for EC services. There were many times in my school nursing career that a student was in the eligibility process without my knowledge and yet I already knew that student and was providing service that directly impacted educational progress. We will be looking at a student example, but if nursing IS identified as a related service...

As a reminder, not all of your school nurses understand this process or how to go about this – there is a plan for addressing that and I will discuss it in a bit.

AS A SUPPLEMENTARY AID/SERVICE

- When school nurse services are identified as a supplementary aid/service, the IEP Team:
 - Indicates services needed to ensure access and learning in the general education classes, non-academic services and activities (e.g., lunch, recess, media center, assemblies, field trips, etc.);
 - Indicates training for general education teacher(s) and/or other school personnel that is required to ensure student's access to his/her educational program (e.g., plan for allergic reactions or asthma, seizure plan, etc.);
 - Documents what, when, where and by whom these services will be provided to the student; and
 - Consults Medicaid policy for LEAs (<http://www.dhhs.state.nc.us/dma/bh/8h.pdf>) to determine whether cost recovery is appropriate for the provided service(s) for Medicaid eligible students.

Sometimes the nursing services don't 'own' the goals but are supportive of the goals of the IEP team and needed for those to be achieved – in those instances....

HEALTH BELONGS IN THE IEP

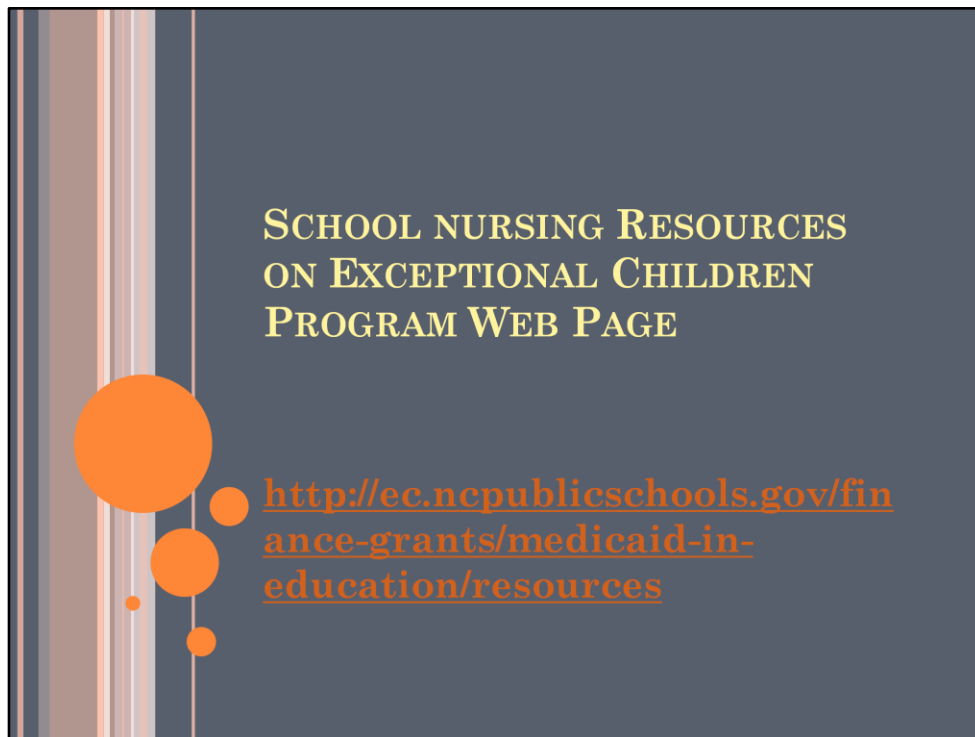
- The Present Level of Academic Achievement and Functional Performance
- The IEP goals
- The Related Services
- Supplementary Aides and Services
- Program Modification and Supports for School Personnel
- Technical Assistance/Expertise

Health needs of students can be reflected in various components of the IEP

SCHOOL NURSE ROLE AND IEP DEVELOPMENT

- The data from the school nurse assessment is included in the summary of evaluation (DEC 3) and as needed in the DEC 4.
- The school nurse contributes formal and/or informal evaluation data to the IEP Team's knowledge of the child, assists with program planning, provides intervention, and evaluates effectiveness of intervention.

The school nurse contributes to the development and progress of the IEP



If a student is Medicaid eligible at the time of service then reimbursement for eligible nursing services should be submitted. Resources and related forms for the Medicaid reimbursement process are available at this web address.

Address nurses employed through another agency – contracted through HD

STUDENTS AGED 3 THROUGH 20 ENROLLED IN PUBLIC SCHOOL

- Medicaid eligible when services are provided
- Need for treatment has been ordered by a licensed physician, physician assistant, or nurse practitioner
- Receives the service(s) in the public school setting or a setting identified in an Individualized Education Plan (IEP) and the services are part of an IEP.

A recent look at LEAs that are currently billing for most related services (48) revealed that only 3 those are billing for nursing services, even though I can guarantee that they are serving students who are also receiving nursing services. These are the requirements.

NURSING SERVICES

- Nursing Services
 - Directly related to a written plan of care, developed by an RN
 - Based on a provider's written order and be
 - Part of IEP
- Include
 - Direct provision of care
 - Collaboration with the student's primary physician regarding all medical/mental health-related medically necessary services that are outlined in the IEP
 - Training and oversight of delegated services

These are the services covered – explain terms



Latrice is a third grader with myelomeningocele who is wheelchair confined and uses intermittent catheterization for elimination. She has educational needs and is eligible for Exceptional Children's services.

Let's look
at an
Example




So let's look at an example to apply to this discussion.

PRESENT LEVEL OF PERFORMANCE

- Any health issue or limitation can be incorporated into the present level if it describes how the child's disability affects the child's participation in school and recreational activities
(20 U.S.C. Section 1212 (d) (1) (A) of IDEA)

This child has a disability with many components that affect her participation – as seen on the next slide

NURSING AS A RELATED SERVICE IS BEST INCORPORATED INTO THE IEP

- Sample Present Level Statement
 - This year, Latrice has missed daily instructional time and experienced 15 absences due to poor management of elimination skills and multiple urinary tract infections.
 - Latrice transfers independently to the commode and can articulate the steps for self-catheterization, but rarely uses clean technique.
- 

Continued

TRANSITION AND PRESENT LEVEL STATEMENTS

- As children age, IEPs can be more closely linked to post-school outcomes
- Post-school outcomes can, and should, include as much self-care and independent management of health conditions as possible

Transition planning is an important part of a student's IEP. As Latrice ages independence in her ability to manage her elimination needs is sought and functioning outside of the school environment enters the plan.

SAMPLE TRANSITION PRESENT LEVEL STATEMENT

- Latrice is not able to create a planned schedule for elimination that will foster job attendance for positive work performance and engagement in recreation activities.

An example for present level in transition planning

NURSING AS A RELATED SERVICE IS BEST INCORPORATED INTO THE IEP

- Sample Health Related IEP Goal – Independence/Self Help
- Latrice will learn self catheterization techniques that allow her to independently use the bathroom and avoid infections.

Latrice should have a goal related to this self help and independence as a component of her IEP

NURSING AS A RELATED SERVICE IS BEST INCORPORATED INTO THE IEP

- Supports and services to meet health related IEP goal.
- May be carried out by a school personnel with training and monitoring from a registered nurse.
- Initial skills training, such as learning to self-cath, would be done by an RN, but reinforcement and practice might come from a staff person.
- Training needs can be documented in the IEP.

As a reminder for students like Latrice – much of the care may be given by non-nurse staff. This care, and over sight by the nurse is billable for eligible students.

EXAMPLES OF SUPPORTS AND SERVICES

- Permission to use the bathroom for identified symptoms or planned schedule
- Use of an alarm system for scheduled bathroom times
- Training of school staff for needed assistance with elimination or adherence to plan
- Student training on self-cath techniques and bowel training regime

Latrice IEP continued – possible supports and services

MEDICAID FEE SCHEDULE

- Fee structure

T1002	0	in services up to 15 minutes	5.00	5.00
T1003	0	in services up to 15 minutes	3.48	3.48
S5125	0	attendant care services, per 15 minutes	2.74	2.74

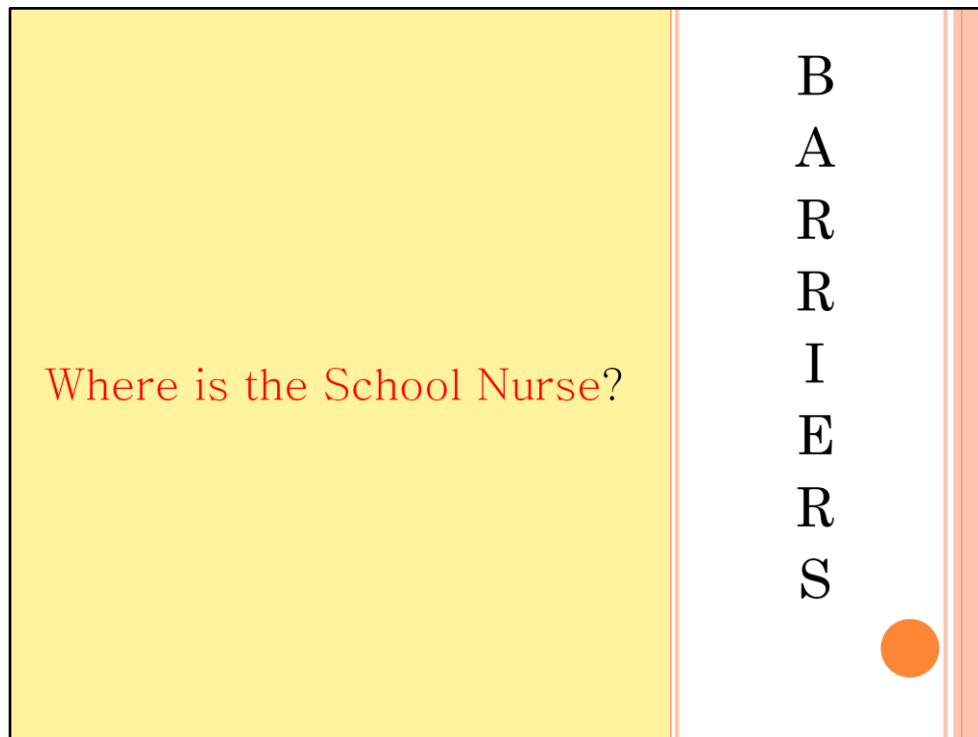
- If Medicaid eligible, how many times might Latrice receive assessment and intervention for her health issue over the course of the school year?

RN x daily to start, moving to weekly,
moving to oversight

School staff person more than one time per
day until total independence

Discuss Medicaid reimbursement from example – many say that current Medicaid reimbursement for nursing services policy makes the effort not worth the payoff. The fee structure is here, and it is miserable. But remember what I said about impacting the policy – you can't change what you are not using.

Ask yourself in relation to a student like Latrice – a single student can add up over time

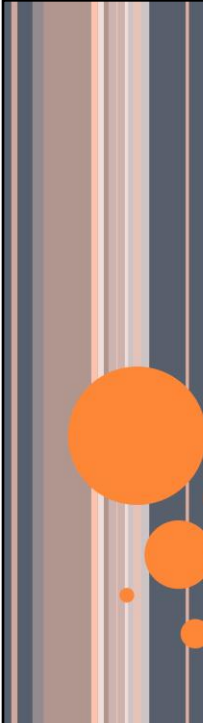


Let's look at bit closer at barriers to inclusion in IEPs and EC services as identified by NC school nurses in our survey.

COMMENTS FROM EC STAFF AND SCHOOL NURSES

- Knowledge deficit about school nursing as a related service
- Training needs for school nurses on IEP process
- Lack of school nurse time
- School nurse feels uninvited/unwelcome
- Local resistance to school nurse participation
- Fear of incurring expense for services

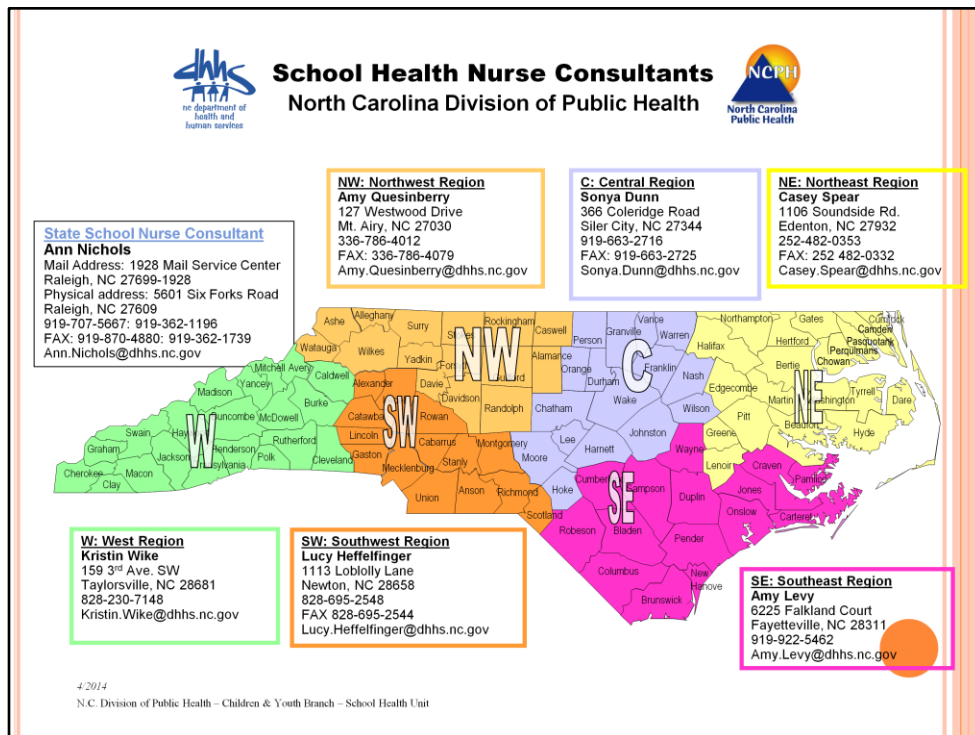
Discuss each of the above issues



OUTCOMES FROM TODAY:

- *HEALTH IS INTEGRAL TO
STUDENT WELL-BEING AND
SUCCESS
- *NURSING IS A VALID RELATED
SERVICE CHOICE
- *NURSING PRESENCE INCREASES
OTHER RESOURCES
- *HEALTH AND EDUCATION
CAN SUPPORT THE SAME
MESSAGE

Coming out of today's session I would like to establish consensus messaging around EC programs and school nursing services.



The School Health Nurse Consultant team along with the DPI Medicaid Consultants are working this year to impact the terrain of nursing as a related service on IEPs. Each county has a regional consultant who is already closely engaged with the local school district's school health services and school nurses. You can identify your regional consultant via this map. They will be working on school nurse training regarding the EC process and receptivity and education at the local level with EC program staff. They will be in your district at some point and are available to answer questions and provide technical assistance.



QUESTIONS?

Contact Information:

Ann.Nichols@dhhs.nc.gov
919-707-5667